

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. PTO  
10/731984  
22390

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	TLN-022
	First Inventor	Dawn Windsor-Hines
	Title	INDUCING TOLERANCE IN PRIMATES
	Express Mail Label No.	EV 311 017 795 US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		MS Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>32</b>] (preferred arrangement set forth below)           <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>36</b>]</p> <p>5. Oath or Declaration [Total Sheets <b>      </b>]           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)</li> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>			
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)           <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input checked="" type="checkbox"/> Paper</li> </ul> </li> <li>c. <input checked="" type="checkbox"/> Statements verifying identity of above copies</li> </ul> </p>			
<b>ACCOMPANYING APPLICATION PARTS</b>			
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number:	00959	<input type="checkbox"/> OR	<input type="checkbox"/> Correspondence address below
Name	LAHIVE & COCKFIELD, LLP Amy E. Mandragouras		
Address	28 State Street		
City	Boston	State	MA
Country	US	Telephone	(617) 227-7400
Telephone	(617) 742-4214		

Name (Print/Type)	Debra J. Milasincic for Megan E. Williams	Registration No. (Attorney/Agent)	46,931 for 43,270
Signature			Date
		December 9, 2003	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 311 017 795 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 9, 2003

Signature:

Debra J. Milasincic for Megan E. Williams)

13142 U.S.PTO  
120903

PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 385.00	Attorney Docket No.	TLN-022
--------------------------------	--------------------	---------------------	---------

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEES CALCULATION</b> (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other <input checked="" type="checkbox"/> None

 Deposit Account:Deposit Account Number **12-0080**Deposit Account Name **Lahive & Cockfield, LLP**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEES CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
<b>SUBTOTAL (1) (\$)</b>		<b>385.00</b>	

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims	Fee from below	Fee Paid
Total Claims	3	-20** =	<input type="text"/> x <input type="text"/> =	0.00
Independent Claims	2	-3** =	<input type="text"/> x <input type="text"/> =	0.00
Multiple Dependent			<input type="text"/> =	

Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
<b>SUBTOTAL (2) (\$)</b>		<b>0.00</b>	

\*\* or number previously paid, if greater; For Reissues, see above

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		<b>SUBTOTAL (3) (\$)</b>	
		<b>0.00</b>	

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Debra J. Milasincic for Megan E. Williams	Registration No. (Attorney/Agent)	46,931 for 43,270	Telephone (617) 227-7400
Signature				Date December 9, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 311 017 795 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 9, 2003 Signature: (Debra J. Milasincic for Megan E. Williams)